

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

DATE:

JANUARY 3, 2018

A T T E N D E E S:

Rick Christman - KAPP

Johnny Callebs - KAPP

Katie Bentley - CCDD

Wayne Harvey - KAPP

Alice Blackwell - DDID

Barb Locker - DDID

Dawn Wheeler - DMS

Lori Gresham - DMS

Alisha Clark - DMS

Sherri Brothers - Arc of Kentucky

LeAnn Magre - WellCare

David Hanna - Passport

Pat Walden - DCBS

Laura Sanders - DCBS

Micah Cain - Passport

Steve Shannon - KARP

Kathy Stout - Cumberland River

Camille Collins - P&A

1 MR. CHRISTMAN: Welcome, everybody.
2 Apparently, we have a quorum so that's good.
3 And as usual, we'll just go around and
4 introduce everyone who's here. I'm Rick
5 Christman. I co-chair this with Sherri
6 Brothers, and I represent KAPP.
7 MR. CALLEBS: Johnny Callebs, the director of
8 KAPP.
9 MR. HARVEY: Wayne Harvey. I represent the
10 for-profit KAPP providers.
11 MR. STEVENSON: Chris Stevenson, President and
12 CEO of CedarLake in Louisville and I represent
13 Leading Age.
14 MS. BENTLEY: Katie Bentley, I am the public
15 policy coordinator for the Commonwealth
16 Council on Developmental Disabilities.
17 MS. BROTHERS: I'm Sherri Brothers. I
18 represent the Arc of Kentucky.
19 MS. BLACKWELL: I'm Alice Blackwell, director
20 with the Division of Developmental and
21 Intellectual Disabilities.
22 MS. LOCKER: I'm Barb Locker with the Division
23 of Developmental and Intellectual
24 Disabilities.
25 MS. GRESHAM: Lori Gresham, DMS.

1 MS. CLARK: Alisha Clark, DMS.
2 MR. HANNA: I'm Dave Hanna with Passport.
3 MR. CHRISTMAN: Is that everybody? Did you
4 introduce yourself?
5 MS. MAGRE: LeAnn Magre with Wellcare.
6 MR. CHRISTMAN: All right.
7 MS. WALDEN: I'm Pat Walden with DCBS, and
8 this is Laura Sanders -- she'll be back in a
9 moment -- she's also with DCBS.
10 MR. CHRISTMAN: Does everybody have the
11 agenda? SCL Slots and Waiting List Update.
12 MS. BLACKWELL: There are 2,377 people on the
13 waiting list. That breaks out to 2,254 people
14 in the future planning and 123 people in the
15 urgent category. They are still allocating
16 two people who meet emergency criteria.
17 MR. CHRISTMAN: Did you say 120?
18 MS. BLACKWELL: 123 urgent category.
19 MR. CHRISTMAN: Are there any more slots to
20 be -- I guess they're all out --
21 MS. BLACKWELL: I think we're down to about
22 12.
23 MR. CHRISTMAN: To be allocated?
24 MS. BLACKWELL: That we have available.
25 MR. CHRISTMAN: Do you know if the budget

1 contains any recommendations? No? Don't know
2 or don't think so?
3 MS. GRESHAM: I don't know.
4 MR. CHRISTMAN: Yeah.
5 MR. CALLEBS: Is it only 12 left for the
6 remainder of the fiscal year, so --
7 MS. BLACKWELL: With 12 left, it's probably --
8 MR. CALLEBS: Which is September.
9 MS. CLARK: -- it's in March.
10 MR. CALLEBS: In March, okay.
11 MS. BLACKWELL: Because the extension changed
12 the date. It was in September for a long
13 time.
14 MR. CALLEBS: So in March, okay.
15 MS. BLACKWELL: And I don't know at this
16 point, because at that point that's when the
17 available slots that were vacated during the
18 year, I don't know how many those are.
19 MR. CHRISTMAN: We have another attendee.
20 Would you like to --
21 MR. CAIN: Yes. Micah Cain with Passport.
22 MR. CHRISTMAN: Welcome.
23 Michelle P. Slots and Waiting List
24 Update.
25 MS. CLARK: Currently we have 6,255 on the

1 waiting list, and 63 percent of those are 18
2 and younger. 63 percent are 18 and younger.
3 MR. CHRISTMAN: How many available slots are
4 there?
5 MS. CLARK: We have 10,500 total slots, and we
6 are actually -- we'll be allocating 204 slots
7 within the next 14 days.
8 MR. CHRISTMAN: Okay.
9 MS. CLARK: And we've sent out a communication
10 to the CMCs.
11 MR. CHRISTMAN: Have we always had open slots
12 or are we continuing to have open slots?
13 MS. CLARK: We're continuing to reallocate
14 slots.
15 MR. CHRISTMAN: So there's always some open?
16 MS. CLARK: Yeah.
17 MR. CHRISTMAN: Yeah.
18 MS. CLARK: People aren't meeting -- you know,
19 we go through the process of appeals and all
20 that, and then we reallocate those same spots.
21 MR. CHRISTMAN: We talked about that at our
22 last meeting that you have open slots and
23 still have a waiting list.
24 MS. CLARK: Right. They have to be
25 unduplicated. So even if you use it one

1 service, that's your slot for the entire
2 waiver year.

3 MR. STEVENSON: Of the 6,255, how many of
4 those would be disqualified based on previous
5 knowledge of how many people are typically in
6 the --

7 MS. CLARK: That's not something we could tell
8 you because it's all individualized.

9 MR. STEVENSON: Sure.

10 MS. CLARK: So they would have to go through
11 their assessment to see if they meet level of
12 care.

13 MR. CHRISTMAN: I mean, your experience is,
14 like, half of them end up being or less than
15 half or --

16 MS. CLARK: I don't have numbers. I mean...

17 MR. CHRISTMAN: We had the impression that a
18 lot of people were on the list who either
19 didn't want the service anymore or --

20 MR. STEVENSON: It's a big number, but then
21 there's a number of people who don't qualify
22 for it. I'm just wondering if you had any --
23 it's certainly not 100 percent.

24 MR. CHRISTMAN: It's certainly not 100
25 percent.

1 MS. CLARK: No.

2 MR. CHRISTMAN: It's much less than that as

3 you go through the waiting list.

4 MS. CLARK: I mean, we're -- like I said,

5 we're continuing to reallocate those spots.

6 And I think we talked about this last time,

7 that there were providers who were going

8 around and putting people under the table and

9 signing everybody up.

10 MR. CHRISTMAN: Right.

11 MS. CLARK: And some of them didn't really

12 know what they were signing up for.

13 MS. GRESHAM: But we have no idea how many of

14 those -- we want to really do our due

15 diligence to make sure that everybody gets

16 their fair shot at whether they are or not and

17 whether it's -- most of the people, so...

18 MR. CHRISTMAN: This is not on the agenda, but

19 since we're talking about children, are you

20 still working on some kind of assessment?

21 MS. GRESHAM: We are looking at that through

22 waiver redesign and all assessments.

23 MR. CHRISTMAN: Is there one out there or are

24 we going to have to make one?

25 MS. GRESHAM: So in my research there's not

1 really many verified children's assessments
2 because most waivers are not built for
3 children, because most of those services come
4 through EPSDT. The other states that have
5 children services are typically for extremely
6 medically frail children, not necessarily just
7 behavioral supports and things like that. So
8 it's apples and oranges compared to what ours
9 look like. So we're still researching that
10 and still looking at that.

11 MR. CHRISTMAN: But you've been at it for a
12 long time, so it kind of appears bleak that
13 there is something already out there that we
14 could use.

15 MS. GRESHAM: I have not personally found
16 anything, but I can't say that there's not.

17 MR. CHRISTMAN: Okay. If there is not one,
18 will we try to develop one?

19 MS. GRESHAM: We are looking at that through
20 waiver redesign at what our best options are.

21 MR. CHRISTMAN: But it's a goal?

22 MS. GRESHAM: Yes, to appropriately assess
23 everyone, not just children.

24 MR. CHRISTMAN: Yes. Waiver -- Medicaid
25 Waiver Redesign Comments. We talked about

1 this a little bit last time. You were going
2 to put together a sum --

3 MS. GRESHAM: So right now we're for the
4 overall redesign, and this one and the next
5 one I'll kind of just put those together.

6 MR. CHRISTMAN: Okay.

7 MS. GRESHAM: We are waiting on the overall
8 recommendations of how the waiver delivery
9 systems would look and things like that.
10 We're waiting on those recommendations. Once
11 they do that, then we'll put together a plan
12 to release to the public and get further
13 comment and work through that plan to give us
14 a good start how -- how we'll look at that.
15 Again, that report -- we've not received their
16 recommendations. They're still gathering
17 information, even from the Secretary's office
18 and the Governor's office and our folks.
19 They're still in that gathering phase.

20 Now, for the focus group feedback,
21 we've just recently, right before we went on
22 vacation, received that report, and so we'll
23 have to do a review of that with our upper
24 management and then we'll release that through
25 our list serves, through our advocacy groups,

1 and then through that stakeholder group that
2 we got from going out and through the mailbox.

3 MR. STEVENSON: Lori, what's the time frame
4 associated with getting the feedback once you
5 issue that out again? Are we talking --

6 MS. GRESHAM: So, like, the feedback about the
7 plan?

8 MR. STEVENSON: Uh-huh (affirmative).

9 MS. GRESHAM: So the goal is -- we look to
10 receive their recommendations mid of winter,
11 February, March, something like that. We are
12 currently planning town halls throughout the
13 state, and want to release those dates early,
14 so that we can release the plan before those
15 town halls, as soon as we can, so that people
16 have a chance to look over them. And then we
17 have the town hall meetings so that we can
18 have open discussion as well as after we've
19 received that, allowing for folks to send it
20 in e-mail if they can't go to the town halls
21 and those things. And then we'll gather
22 together with that information, relook at the
23 plan and readjust based on what we hear at
24 those.

25 We don't have a set, here's when --

1 when comments start trickling to where we're
2 not getting much anymore, that's probably when
3 we'll say, okay, you got this much more time
4 and close that window to have a -- to let
5 people know this is when you have to have it
6 in by. And even after that we plan on putting
7 in a process to continue that dialogue. So,
8 for instance, the public comment mailbox will
9 remain open. So if somebody is sitting at
10 home and saying, hey, when you relook at these
11 or when you're looking at manuals, or
12 whatever, please take this into mind, because
13 we want to be able to have an avenue to
14 continue that dialogue, not just in, you know,
15 meeting formats, but for individuals who are
16 sitting at home to be able to continually talk
17 to us. That mailbox, I can say, has been
18 widely used by individual families.

19 We get from, you know, advocacy groups
20 and providers, but I've been really impressed
21 with the families that have used that to say,
22 here's my story, here's what I need you to
23 consider. So it's very important to us to
24 continue to have that. They're not asking for
25 anything. They just need somebody to hear

1 their story and know it's important to them.
2 So it's really important to us to keep that
3 communication open through more of an informal
4 process as well.
5 MR. STEVENSON: Thank you.
6 MR. CHRISTMAN: Do you know -- let's get back
7 on this children's assessment. Is that
8 something that they're looking at as well?
9 MS. GRESHAM: They'll give us recommendations
10 on everything.
11 MR. CHRISTMAN: So they're working --
12 MS. GRESHAM: On everything.
13 MR. CHRISTMAN: -- on that particular issue as
14 well?
15 MS. GRESHAM: They will give us
16 recommendations on everything.
17 MR. CHRISTMAN: Okay. Wayne, did you have a
18 provider certi- -- or what was it you, Johnny,
19 that provider certification on -- was this on
20 issues of moratorium and --
21 MR. CALLEBS: I think there was some --
22 MR. CHRISTMAN: Yeah.
23 MR. CALLEBS: I didn't, but I can comment on
24 it.
25 MR. CHRISTMAN: Okay. Someone did.

1 MR. CALLEBS: Well, some providers in the
2 provider community continue to be concerned
3 about it just because there is no mechanism
4 for appeal of any kind of regulatory citation,
5 except closure, essentially, or if there is a
6 monetary recoupment, you can appeal. But if
7 it's citations, regulatory citations issued,
8 you essentially have to just write a plan of
9 correction, you know. Whether or not the
10 citation is valid or not, you can only address
11 it in a plan of correction, and so that
12 continues to be a concern of providers.

13 And there are other -- and I don't
14 know exactly how it works with other provider
15 groups, but there are, I'm told, other service
16 groups that do have, you know, access to
17 appeals and reviews of citations or
18 deficiencies and to kind of hash that out
19 before --

20 MR. CHRISTMAN: Yeah.

21 MR. CALLEBS: -- you know, writing a plan of
22 correction.

23 MS. GRESHAM: When you say other areas of
24 providers, do you -- waiver or Medicaid in
25 general?

1 MR. CALLEBS: Medicaid in general. Medicaid
2 in general. Probably some that are licensed
3 through licensure. You know, there are
4 provisions for, you know, reviewing citation
5 before you get to the point of writing a plan
6 of correction and going through that process.
7 So that continues to be a concern, and the
8 suggestion is to look at that and see if there
9 are --

10 MR. HARVEY: This is something that's been
11 talked about --

12 MS. GRESHAM: Did someone join?

13 MS. COLLINS: Yes. This is Camille.

14 MS. CLARK: Hi, Camille.

15 (Camille Collins joined via speakerphone.)

16 MR. CHRISTMAN: Welcome.

17 MR. HARVEY: We didn't know it was --

18 MS. CLARK: We ended up moving it because
19 there was nobody on there.

20 MS. GRESHAM: Could you repeat your
21 recommendation? Sorry.

22 MR. CALLEBS: To review the regulation and see
23 if there are ways or provisions that could be
24 put into that regulation that would allow for
25 some appeal of citations or some, you know,

1 review of it before --

2 MR. CHRISTMAN: You mean particularly for the
3 interim sanctions rather than -- in other
4 words, like if it's a moratorium or six-month
5 certification, rather than a full year or --
6 those kind of appeals?

7 MR. CALLEBS: Well, any and all, or even just
8 citations that you believe are wrong. But
9 even if you have evidence of proving
10 otherwise, you still, as a provider, there's
11 no real -- there's really nothing you can do
12 except essentially admit guilt and put it into
13 a plan of -- a corrective action plan and then
14 go from there, even if you have evidence to
15 the contrary. So what providers tell me is
16 that they would like to see some process where
17 you can, you know, talk with or meet with or
18 submit, you know, whatever it is that you have
19 to show that maybe this citation was, you
20 know, in error and, you know, and not correct,
21 and here's why, rather than going through a
22 corrective action plan process. So that's the
23 feedback I'm getting from providers. And as
24 Wayne said, it's not a new issue, you know,
25 for providers. They have been wanting, or

1 asking for that for some time. So any
2 comments?

3 MR. CHRISTMAN: One of the sanctions used
4 quite a bit that I'm aware of is the
5 moratorium where you can't have -- you can't
6 receive any more referrals or accept new
7 people in the program. Is that actually in
8 regulation, that provision of moratorium?

9 MS. GRESHAM: Uh-huh (affirmative).

10 MR. CALLEBS: But it's written, again, as a
11 voluntary moratorium, so providers would place
12 themselves on it, but the alternative is
13 essentially closure.

14 MR. CHRISTMAN: Oh, okay.

15 MR. CALLEBS: So that's kind of been a -- you
16 know, another part of the regulation that I
17 received feedback on, too, essentially place
18 yourself on moratorium or face closure, go
19 through the closure process where your
20 certification ends.

21 MR. CHRISTMAN: Because I know this is -- I
22 guess in our case we had some years ago a
23 person that we just felt we couldn't serve and
24 we wanted to cease services of that person and
25 we didn't have anyone else to take it. And

1 they said, well, then you'll have to be on a
2 moratorium, but it was kind of presented to us
3 as being, well, this is -- you have no choice,
4 it's going to be a moratorium.
5 MR. CALLEBS: Okay.
6 MR. CHRISTMAN: Not voluntary. But they
7 didn't mention the other part, well, if you
8 don't have take the moratorium, we'll close
9 your program, but --
10 MS. BLACKWELL: It was probably years and
11 years ago, and back then there wasn't a
12 voluntary moratorium.
13 MR. CHRISTMAN: Okay. So that's correct then.
14 There was a mandatory moratorium and that
15 changed a while ago.
16 MS. BLACKWELL: Yeah, it changed.
17 MR. CHRISTMAN: Was that an internal policy or
18 was that in regulation?
19 MS. BLACKWELL: It wasn't in regulation, but
20 now it's reg.
21 MR. CHRISTMAN: But now it is. Okay, gotcha.
22 MR. CALLEBS: Under the umbrella voluntary
23 only.
24 MR. CHRISTMAN: Okay, that makes sense. So
25 did you want to make -- I mean, is this a

1 recommendation you want to make or -- I mean,
2 a -- to the MAC or just to the group here?
3 What's our pleasure on this?
4 MS. CLARK: I mean, I can tell you-all that we
5 are providing this information. I'm writing
6 it up, she's already writing it up, and we're
7 going to give this information to Navigant as
8 well --
9 MR. CHRISTMAN: Okay.
10 MS. CLARK: -- during the waiver redesign
11 process to look at regulation.
12 MR. CHRISTMAN: Is that --
13 MR. CALLEBS: Well, I mean, it's up to
14 committee members to --
15 MR. STEVENSON: But it doesn't hurt -- I don't
16 think it would hurt to make it on record that
17 we have made a recommendation to the team
18 that -- just as far as a MAC update. I don't
19 know if we have to make it necessarily a
20 recommendation to them specifically, but it
21 could be an update. We could start there and
22 if things aren't --
23 MR. CHRISTMAN: Okay. So we don't want to
24 make this a formal --
25 MR. STEVENSON: If it sounds like that they're

1 willing to take this --

2 MR. CHRISTMAN: That's adequate?

3 MR. STEVENSON: I think that's kind of DEFCON

4 1.

5 MR. CHRISTMAN: So that's fine?

6 MR. STEVENSON: Yeah.

7 MR. HARVEY: Just let them run with it and

8 then we can follow up at the next meeting.

9 MS. GRESHAM: I'm authoring an e-mail as we're

10 talking to send, kind of here it is, here's

11 what we discussed. That's what I do at all of

12 our meetings.

13 MR. STEVENSON: We can certainly make an

14 update to the MAC that that's been -- we're

15 working with you to resolve that.

16 MR. CHRISTMAN: Fine and dandy.

17 Money Follows the Person Update. Who

18 had a question on that? Did you, John?

19 MR. CALLEBS: Well, again, the question

20 represented to me about money follows the

21 person, whether or not I think there's federal

22 effort to reauthorize, and so how does it

23 affect Kentucky and what are we doing here to

24 keep --

25 MS. GRESHAM: So that's very brand new. They

1 gave that information to us at our last -- we
2 do the monthly TA calls. They gave us that
3 information at our last call that just said,
4 hey, this is a possibility, it's not been
5 approved by anyone. It's just -- and it's
6 always out there that even as it goes on. We
7 are awaiting to get more details. Basically,
8 they said there may be a continuation of a
9 grant like Money Follows the Person. That's
10 about all they've said.

11 So right now there's not enough
12 information from the federal standpoint for us
13 to guide what we're going to do with that
14 program. Our hope as we -- because the
15 current grant ends 2020, March of 2020, is to
16 sustain a transition-like program through all
17 of the waivers. Through waiver redesign it
18 has always been our goal to get that into our
19 waivers.

20 Running a grant is always very tricky.
21 With a grant you have a lot of rules that you
22 have to follow and if you don't follow it,
23 then there you stand. And so we really would
24 like to get it sustained throughout, because
25 we do believe that it's important to have that

1 piece throughout someone's waiver cycle. And
2 so our goal is to sustain that as a waiver
3 program.

4 Now, whether -- one of the things that
5 they've talked about, because so many states
6 are trying to transition this program into
7 their waivers, because, you know, they told
8 us, hey, it's ending, one of the options that
9 they have put on the table -- and, again, it's
10 not been approved by anybody -- is that you
11 can continue to access those higher federal
12 matches for those type of services even if
13 it's in your waiver. Again, they -- and if
14 they allow that, then we would certainly
15 access those funds. But that's based on
16 federal approval far higher than Kentucky, and
17 so that's really in the beginning stages.

18 So our goal is to sustain it through
19 waiver programs that we currently have, and
20 then access whatever additional funding that
21 they allow through new grants or however the
22 federal government looks at that.

23 MR. CALLEBS: Are people with IDD still moving
24 or transitioning out through --

25 MS. GRESHAM: Not through MFP. In 2014, I

1 believe it was, when our PL 2 came along.
2 There's a transition piece within that. And
3 by federal criteria if you can do it in your
4 waiver -- if you're doing it in your waiver,
5 you can't do it through the federal grants.
6 If it can be paid for anywhere else in
7 Medicaid, you can't pay for it with the grant
8 money. And so when that piece was in FCL, we
9 let them do their job and transition folks,
10 and they continue to transition folks, so...
11 MR. CHRISTMAN: Any other questions on that
12 issue?
13 MS. GRESHAM: And we do have a new project
14 director for that. His name is Robert Duff,
15 if you were not aware of that, because I was
16 doing a few too many jobs.
17 MR. CALLEBS: I understand.
18 MR. CHRISTMAN: Did you want to, Sherri, talk
19 about this next one, the Medicaid Response
20 Time?
21 MS. BROTHERS: In some, I guess, probably --
22 those three would probably -- and I have kind
23 of e-mailed, I think, back and forth with some
24 of the Medicaid from time to time a little
25 bit. Some of them had some questions about

1 it, so I -- here's just some of the comments
2 that I've received from parents. They were
3 saying that they were never notified of the
4 loss of the waiver services until workers were
5 not paid. They had delays in reimbursement to
6 their consumer-directed option workers. The
7 explanation was never given to them as to why
8 they were kicked off the waiver services for
9 months. And when they called, like, the
10 Medicaid department they were never given,
11 like, clarification, or they never received
12 good communication with the department. And
13 lack of information was given to the families.

14 Also, like, their case managers, when
15 they would call and go up the chain, they
16 just -- they had to, I mean, they had to get
17 all the way to the top to really receive the
18 right information. Even they were led, like,
19 on the wrong paths.

20 MR. CHRISTMAN: By case managers?

21 MS. BROTHERS: Uh-huh (affirmative). And
22 this led to, like, the individuals -- you
23 know, they lost their services, they lost
24 their transportation.

25 MS. GRESHAM: Was it due to -- if they lost

1 their transportation, then that helps us
2 because then that's on the other end, because
3 that --
4 MS. BROTHERS: I mean, their workers were
5 providing their transportation to their
6 services.
7 MS. GRESHAM: Did they lose waiver or did they
8 lose Medicaid eligibility? They're not --
9 MS. BROTHERS: They still had their Medicaid
10 medical services, but they lost their waiver
11 services. Okay.
12 MR. CHRISTMAN: And is this something you
13 would have expected that a case manager should
14 have notified? I mean, should have been aware
15 of, or Medicaid should have communicated to
16 them?
17 MS. BROTHERS: Well, I mean, the case manager
18 was working on this the whole time, but the
19 families, like I say, they were not -- they
20 didn't even -- they weren't aware -- they
21 didn't receive a notification or anything
22 until the workers were -- the workers told
23 them we're not getting a check, we're not
24 getting paid, we're not receiving -- I don't
25 even think the case manager was aware of it.

1 MS. CLARK: I don't think we really have
2 enough information. I mean, the comments are
3 great, but, I mean, there can be several
4 reasons why maybe a worker is not being paid.
5 I mean, is it B2 issue, which is patient
6 ability. Is it that they didn't meet level of
7 care anymore? So, I mean, I really encourage
8 family members to call the Department when
9 they have these cases, because, obviously,
10 this is for overall issues. But if those are
11 sent in, we can definitely research those for
12 the specific individual and reach back out to
13 the individual or their family, their
14 guardian.

15 MS. BROTHERS: Well, it's not just one case.
16 It's several cases that they've had. Like --
17 this is, like, a consistent --

18 MR. HARVEY: It's a consistent problem.

19 MS. BROTHERS: It is a consistent problem.

20 MR. HARVEY: We experience it all the time.
21 Mat 552 has been an issue.

22 MS. CLARK: So Mat 552 --

23 MR. HARVEY: Around eligibility, and it's all
24 around this process that, to me, is just
25 really laced with red tape and unnecessary. I

1 mean, you're talking about people that have
2 been in the waiver program 10, 15 years some
3 of them.

4 MS. CLARK: They are having 552 issues?

5 MR. HARVEY: Yeah. And it's not like
6 anything's changed around their care. Nothing
7 has changed. But for whatever reason, you
8 know, we're having trouble out of some of the
9 local DCBS offices around these Mat 552s and
10 so forth. It's a problem.

11 MS. WALDEN: I agree with Alisha. You really
12 have to have case numbers, because you can
13 have five different individuals all telling
14 you the exact same thing, but all five of them
15 have a different reason for that happening,
16 seriously, you know, because you got so many
17 pieces and parts to it. And so, you know, one
18 might no longer be eligible or, one, the
19 provider maybe didn't do the paperwork, and so
20 we don't have the LOC. The other one might be
21 we didn't get the level of care in the
22 interface. Another one might be the parent
23 didn't complete the recertification.

24 So like I said, you can have five
25 people telling you the exact same thing, but

1 every single one of them having a different
2 reason. So unless we have specific case
3 numbers to look at, we can't really say for
4 sure and we can't fix it until we know what
5 the issue is.

6 MS. BROTHERS: Well, I guarantee you these
7 particular families are on top of everything
8 and it's -- and another thing I wanted to
9 discuss is when the reviews come out, like a
10 review -- and this is my particular case. I'm
11 a POA over a particular family member. I got
12 a review myself and I received it on a
13 Saturday and I was supposed to have this
14 review done by Monday from your -- from your
15 office. And that --

16 MS. GRESHAM: What do you mean a review?

17 MS. BROTHERS: For my aunt, for her review.

18 MS. WALDEN: For her Medicaid eligibility or
19 the review for waiver services?

20 MS. BROTHERS: No. This is just a review.
21 And I just wanted to know --

22 MS. WALDEN: But still I don't -- I still
23 don't think any of us understand what you mean
24 by just a review.

25 MS. CLARK: So there's different financial

1 eligibility, there's policy, the level of
2 care --

3 MS. BROTHERS: Right.

4 MS. CLARK: -- so a lot of times people will
5 say, well, I called and talk to -- well, I
6 called and talked to Medicaid and I was, like,
7 who did they talk to? It ended up being a
8 DCBS person. And I said, you know, they don't
9 have that specific waiver knowledge to know
10 our policy, our regulations. They know the
11 eligibility piece of it. So I think it's good
12 when we get these comments or -- you know,
13 what area are we really -- are the individuals
14 speaking to? Is it DCBS or is it Medicaid,
15 us, or is it member services? And I
16 understand why people don't realize maybe who
17 they're talking to. But, like, numbers that
18 they've called, people they've talked to -- I
19 always tell everybody to write down all the
20 information, all the times, all that.

21 MS. BROTHERS: Well, they start at the local
22 office. That's where they start, okay, and
23 they go up the chain. And they end up coming
24 through Medicaid after they start at the local
25 office. They're there and they're case

1 managers, they know how to go to Medicaid,
2 they know -- and they ended up -- they finally
3 got this case, this really hard case, settled,
4 and they ended up coming, I think, to you,
5 Lori, because that's who I recommended them to
6 go through.

7 But they really had -- I mean, here's
8 the thing, their workers didn't get paid, so
9 they lost their workers, and it was just a
10 really -- it wasn't anything that they did.
11 It wasn't anything that their case manager
12 done. But what I'm trying to say is it's just
13 these families, I mean, the individuals are
14 suffering during all of this -- during this
15 mistake or these -- you know, these mistakes
16 that aren't the family's fault, or the case
17 manager's fault.

18 And so I just -- I hope that they'll,
19 when you're redesigning all of this, that
20 you'll look into all the system mistakes. I
21 guess that's my point, because it's the
22 individuals and the families that are
23 suffering during all of this.

24 MR. HARVEY: Not only the individuals and
25 families; the providers are suffering on the

1 traditional side of services, because any
2 given week we've got thousands of dollars that
3 are caught up in claims that are being denied
4 because of 552 issues. Thousands. I mean,
5 not -- you know, it's not a -- it's not a
6 small issue. It's a big issue and it's gotten
7 worse, it seems like, over the last couple of
8 years than what it's been.

9 I've been in this business for 30
10 years and it seems like it's gotten, you know,
11 a lot worse over the last couple of years.

12 MR. CHRISTMAN: Is this -- is this necessity
13 of an annual review, the 552, is that a
14 federal requirement that --

15 MS. GRESHAM: (Witness nods head.)

16 MR. CHRISTMAN: It's a federal requirement?

17 MS. GRESHAM: For every Medicaid program they
18 must be recerted annually.

19 MR. CHRISTMAN: So that's how it is.

20 MS. GRESHAM: That's how it is. That's one we
21 can't take away.

22 MR. HARVEY: Well, we'll work on the national
23 level to change that, because if it's not
24 going -- if a person's situation is not going
25 to change, I don't understand why you're

1 recertifying them.

2 MS. WALDEN: That has been explored many
3 levels over at least the past six or seven
4 years that I know of.

5 MR. CHRISTMAN: Yeah, because like Wayne said,
6 I mean, our people, they're not getting cured.
7 They're not sick. I mean --

8 MR. HARVEY: They have lived in the same home
9 for 15 or 20 years.

10 MR. CHRISTMAN: -- their conditions don't
11 change.

12 MR. HARVEY: Nothing's changed.

13 MR. CHRISTMAN: And I know it's a complex
14 issue and even sophisticated people have a
15 hard time getting through it. We have a hard
16 time getting through it.

17 MR. HARVEY: People that's been around, like,
18 forever, know the system inside and out, and
19 we're having problems. I mean, you know, it
20 needs to be addressed, obviously.

21 MS. WALDEN: Well, again, and I agree with you
22 that it needs to be addressed, but even when
23 you satisfy 552 issues, there can be three or
24 four or five or six or 25 different reasons
25 that we're having a problem and that -- you

1 know, it's not just one thing.

2 MR. HARVEY: Well, I understand that. But

3 what I'm saying is as a provider our hands are

4 tied. You know, we're -- we're involved in

5 the eligibility process by just providing the

6 case manager with the information that they

7 request to go get this person recertified, and

8 that's it. You know, we -- but our claims and

9 stuff denied based upon whether or not that

10 person's certification is approved or not. So

11 it's just like -- and I'm sure the process

12 works the same way in the program that she's

13 talking about.

14 MS. WALDEN: Believe me, we want it fixed,

15 because if it gets fixed it will iron out

16 these problems and we don't get phone calls

17 and we don't get e-mails. We get to actually

18 do what our job is supposed to do rather than

19 constantly fix things. We do want it fixed,

20 whatever other five, ten, or 25 issues may be.

21 MR. HARVEY: We're burning our case managers'

22 phones up saying, look, you know, here's the

23 billing report for this week or whatever.

24 These are all the different people that are

25 out of payment status due to issues with the

1 552, you know. We need these fixed. And then
2 they're e-mailing back a laundry list of why
3 the local DCBS person said that, you know,
4 they're looking at this or they're looking at
5 that. And it's tough, that really -- in the
6 big picture of things, I mean, nothing has
7 changed with the person and it's -- and it
8 boggles my mind as to why it's an issue or why
9 it's a problem or why it's holding someone up
10 from being recertified. They have lived in
11 the same home for 15 years. They're getting,
12 you know, the very similar supports. You
13 know, services have changed through different
14 waiver rewrites in the past and everything,
15 but basically they're receiving pretty much
16 the same services they've always received.

17 So it just -- it really puts the
18 providers at a disadvantage, as well as it
19 puts the individuals that are receiving
20 services at a disadvantage, and families, that
21 these problems are going on.

22 MS. WALDEN: I mean, and I do understand. I
23 do. I have a cousin who gets me Michelle P.
24 Waiver, because he, you know, survived cancer.
25 My niece is on a respirator. You know, she

1 needs 24/7 care. And I've gotten phone calls
2 from those individuals myself on, Pat,
3 something's wrong, can you look at this and
4 see, you know. So, you know, I see it from
5 every side, I really do. And, I mean, and
6 honestly we are here to try to make it better
7 and to get people the benefits they're
8 eligible for without all these issues. That
9 is our goal.

10 MR. SHANNON: The one thing I heard is
11 families aren't getting any communication;
12 right?

13 MS. BROTHERS: Right.

14 MR. SHANNON: And I think that -- is that an
15 easy thing? Well, they're no longer eligible.
16 So no one's told the family you're no longer
17 eligible for this service. Who has a
18 responsibility to communicate that to the
19 family, or the representative, or the
20 individuals?

21 MS. WALDEN: It's DCBS's responsibility to
22 communicate that they are no longer eligible
23 for Medicaid if their Medicaid ends. That
24 notification would go to whoever is listed as
25 the case -- the authorized representative to

1 receive notices.

2 MR. SHANNON: But you're saying that didn't

3 happen?

4 MS. BROTHERS: They did not happen in this

5 case. They did not receive a letter or

6 anything saying that they were -- that they

7 got kicked off the waiver services.

8 MS. WALDEN: They were kicked off waiver

9 services or got kicked off Medicaid?

10 MR. SHANNON: Regardless, there was zero

11 communication.

12 MS. BROTHERS: Zero communication.

13 MR. SHANNON: I mean, that -- Wayne, there's

14 none; right? I mean, that's the point, I

15 think.

16 MS. SANDERS: I think what we're trying to do,

17 though, is drill down. If we have specific

18 cases, if you can e-mail that to Pat or

19 Alisha, and say this is the case I was talking

20 about, then we can backtrack and, go, okay --

21 MS. CLARK: And we can look at letters -- all

22 the letters are scanned in. So we can look at

23 letters, we can look at what address it went

24 to.

25 MS. SANDERS: If it didn't go out at all, or

1 went to the wrong person.

2 MS. CLARK: I mean, even like the Michelle P.

3 Waiver waiting list, where we send things out,

4 people don't update their address. I mean, we

5 have transient population.

6 MS. WALDEN: Thousands.

7 MS. BROTHERS: Well, this person hasn't moved.

8 I mean, I can say this person has not moved.

9 MR. SHANNON: Just a provider, they haven't

10 moved.

11 MS. SANDERS: And this may be legitimately an

12 agency error somewhere.

13 MR. HARVEY: They're in the same house.

14 MS. SANDERS: We just need to know where it

15 is, so generally telling us that they didn't

16 get anything doesn't help. I don't know how

17 to -- until we look at that case and go, oh,

18 okay, here was the problem and is there a

19 problem with other cases, you know. And then

20 we can start backtracking. So, you know,

21 general -- like we said, we do care, but until

22 you give us the case we don't know what the

23 problem is.

24 MR. HARVEY: And that's what I'm saying, our

25 hands are tied --

1 MS. SANDERS: Yeah.

2 MR. HARVEY: -- because the case manager is

3 the person that's handling all the eligibility

4 for the individual's care.

5 MS. SANDERS: Well, when you say case manager,

6 to me --

7 MR. HARVEY: They don't work for me.

8 MS. SANDERS: Yeah. That means waiver to me.

9 Case worker is a DCBS worker. So I still

10 don't know if you're talking about DCBS or

11 talking about a provider, see.

12 MR. CHRISTMAN: Are you talking about case

13 worker or case manager?

14 MR. HARVEY: I'm talking about the case

15 manager that represents the person through the

16 waiver program. They're the ones that's

17 working with the case worker that's --

18 MS. SANDERS: Okay. Okay. I just want to

19 make sure we're talking about the same person.

20 MR. HARVEY: I'm the guy that's there

21 providing all the direct care services and

22 stuff, who can't bill for services or anything

23 when the eligibility is up. So we're going

24 months and months before we are being paid, in

25 some circumstances, for services that we're

1 rendering and it's amounting to thousands and
2 thousands of dollars. That's what I said
3 earlier.

4 MS. SANDERS: No. And I'm not in any way
5 disagreeing. I'm just trying, like I said,
6 trying to find out where we need to start
7 looking at where the problem is, because until
8 we find the problem it's not going to be
9 fixed. I mean, we just got to drill down.
10 And sometimes that takes looking at individual
11 people.

12 Like you said, you have a family, they
13 did everything right. As far as you know, all
14 the information you got, they did everything
15 correctly. Nobody told them anything. That's
16 a problem, but we need to look at the case and
17 see where what happened.

18 MS. GRESHAM: Where the breakdown was.

19 MS. SANDERS: Where the breakdown was, you
20 know.

21 MS. BENTLEY: So can you look at a case and
22 tell if it's a waiver issue? Poor Alisha, I
23 have followed up in e-mail, but she's helped
24 me on -- I've had a lot of people contact me
25 at the council, and I don't even really know

1 where to start, because I'm not sure where
2 their problem is. Alisha has been really
3 helpful.

4 MS. WALDEN: -- look at and tell you whether
5 or not their problem is a Medicaid eligibility
6 issue. And that's usually the best first
7 place to start --

8 MS. SANDERS: Absolutely.

9 MS. WALDEN: -- is, you know, for us to say
10 their Medicaid case is correct, we don't know
11 what the problem is; must be a problem on the
12 waiver side or something.

13 MS. SANDERS: Or in the billing system.

14 MS. WALDEN: Or in the billing system.

15 MS. SANDERS: But we are usually the best
16 place to start, because if their Medicaid
17 eligibility is not there, it's a hard stop,
18 you know.

19 MS. GRESHAM: Nothing else is --

20 MS. SANDERS: Yeah, yeah. So we're the best
21 place to start there.

22 MR. HARVEY: I speak to this with some passion
23 because it's truly -- as I said, you know,
24 somebody that's been there for 15 years, never
25 had a problem or anything, all of a sudden

1 comes up and there's an issue and it goes for
2 months before it's fixed.

3 MS. CLARK: I would encourage the providers,
4 though, because I've heard this from some
5 providers, that they don't check eligibility,
6 although you're not the case manager. I mean,
7 our eligibility is month pure, so that is one
8 thing that we have is a plus. So if you check
9 it the beginning of the month and as soon as
10 we identify, or identify that there's a
11 problem, then start contacting, because when
12 I've looked at some cases it's been, like, a
13 month later or two months later and they're,
14 like, oh, we're not getting paid, oh, you
15 know. So as soon as it's -- you know, is it a
16 5? Start, you know, making those phone calls
17 so that we can get it resolved quickly, so
18 that you're not going months without --

19 MR. HARVEY: That's not the issue. I think
20 you're misunderstanding the issue. We know
21 the day that somebody's ineligible for
22 services, and we immediately e-mail the case
23 manager and say, look, you know, there's
24 something going on here. What's going on?

25 MS. CLARK: Do you-all check every day before

1 you-all provide services?

2 MR. HARVEY: And we bill services every day.

3 We know -- we know, well, when the remittance

4 advice comes for that particular week we know.

5 MS. CLARK: Go into Kentucky Healthnet?

6 MR. HARVEY: It goes months and months before

7 it's fixed, is what I'm saying.

8 MS. CLARK: Do you go on to Kentucky Healthnet

9 to ensure that they have the upcoming

10 eligibility for the next month?

11 MR. HARVEY: Yes, yes. Yes. Our people and

12 our billing office will tell us immediately

13 the following week when somebody's out of --

14 out of eligibility.

15 MS. CLARK: But identify that beforehand even

16 and make those phone calls to Pat's group,

17 because it's month pure. So before you start

18 the next month --

19 MR. CALLEBS: What does that mean?

20 MS. CLARK: So that if you get eligibility --

21 say, if I have it on January the 1st, I have

22 it the entire month.

23 MS. WALDEN: Medicaid. You have Medicaid.

24 MS. CLARK: Medicaid eligibility. Thank you.

25 Medicaid eligibility is month pure.

1 MR. HARVEY: If somebody is coming up for a
2 recert, though, they're not -- their month
3 pure is only going to show up until that
4 recert day, until the things are done through
5 DCBS and everything, the MAC 552 process, to
6 make that person eligible going forward. So
7 you really don't know until their thing is
8 done as to whether or not that person is still
9 ineligible or not. You see what I'm saying?
10 MS. CLARK: Yeah, but I think as long as -- I
11 mean, you're saying that you're doing it
12 before you provide services, so it sounds like
13 your agency isn't one of those.
14 MR. HARVEY: We still have to go on and
15 provide the services irregardless.
16 MR. CALLEBS: Not like a doctor where you can
17 refuse to see a patient because their
18 insurance is showing inactive.
19 MR. HARVEY: The person that lives in our
20 home. I mean, we're not just going to send
21 them out on the street because --
22 MS. CLARK: Right. I mean, I understand that.
23 MR. HARVEY: -- we believe -- and 90 percent
24 of the time it does get worked out. Every now
25 and then there will be a hole for whatever

1 reason that there's a big fight about between,
2 you know, the Cabinet and the provider and
3 stuff. And we get hung with things sometimes,
4 but I mean --

5 MS. WALDEN: And you're not seeing --

6 MR. HARVEY: -- we don't have that choice.

7 MS. WALDEN: -- any improvement? Because
8 these individuals whose situations never
9 change -- what was it July, we started
10 passively renewing people?

11 MS. SANDERS: Yes.

12 MS. WALDEN: So these individuals whose
13 situations never change, the vast majority of
14 them should be being passively renewed where
15 nobody has to be touch their case.

16 MR. HARVEY: I'm saying we still have
17 issues -- I'm saying we still have issues that
18 result to thousands of dollars that we're
19 carrying forward every week.

20 MS. SANDERS: And you've seen no discernible
21 improvement in the last three months of this
22 year?

23 MR. HARVEY: I've not studied it. I know it's
24 an ongoing problem.

25 MS. SANDERS: We're just trying to get a feel

1 for --

2 MR. CHRISTMAN: I would say it's not as bad as

3 it used to be.

4 MS. SANDERS: Okay. So --

5 MS. WALDEN: Always heartened to hear that

6 things are getting a little bit better --

7 MR. CHRISTMAN: Yes, they are.

8 MS. WALDEN: -- because we are working on

9 them. You know, when it comes to the DCBS

10 office, we have 2,000 staff members. We can't

11 personally go out there with each and every

12 one of them, and we are working on it.

13 MR. HARVEY: I do know that we just had an

14 individual that was recerted in Lexington. I

15 won't say his name or anything because of

16 HIPAA rules, and so forth. But, I mean,

17 that -- this person is someone that, you know,

18 nothing has changed around his services or

19 anything, and it took, like, four months into

20 his new research period before whatever the

21 issue was was cleared up. And that's just a

22 long time.

23 MS. SANDERS: That is a long time.

24 MR. HARVEY: And this was a person that was

25 receiving exceptional support. He's receiving

1 a one-on-one staff person all the time, so...

2 MS. WALDEN: So you say there's no change in

3 their services. That doesn't necessarily mean

4 there's no change in their financial situation

5 possibly, because when they do the

6 recertification with DCBS that's what we're

7 looking at. We're looking at their financial

8 situation, their financial eligibility.

9 MR. HARVEY: They've gotten the same check

10 that they've gotten for 15 years.

11 MS. BLACKWELL: Wayne, since you got a

12 particular person, maybe you can get that to

13 Pat --

14 MS. SANDERS: And that's just helpful. Then

15 we can look at the person and go why did

16 this -- where was the breakdown.

17 MR. HARVEY: The only reason he sticks out in

18 my mind, Alice, is that he was exceptional

19 supports and we were waiting on the eligible

20 piece to be fixed before we could do anything

21 to --

22 MS. WALDEN: Because there are training issues

23 out there with DCBS. We have a lot of new

24 staff.

25 MS. SANDERS: Absolutely.

1 MS. WALDEN: And as you-all know, new system,
2 new way of doing everything over the past few
3 years. So there are training issues out
4 there. But really to address them again, we
5 do need those case situations where we can
6 say, okay, Laura, you did this and you should
7 have done this, because I think that's the
8 only way we're going to fix them, you know,
9 because I don't think there's people out there
10 purposely trying to work cases wrong or hold
11 up people's benefits.

12 MR. STEVENSON: It sounds like some of the
13 issues that -- we're looking at the systemic
14 process of this. What is the system -- and
15 the only way to really understand or know
16 that, either on your end or our end, maybe as
17 a KAPP association, is to start asking
18 providers, and maybe help us design a
19 questionnaire to basically check boxes, yep,
20 here's the situation. Everybody's different.
21 You said there's 25 different reasons that --
22 you got a waiver side, you got a Medicaid
23 side. So you can start checking off and then
24 you start seeing an emerging pattern of, wow,
25 we didn't see this. Maybe we need to

1 incorporate system-wide changes in our
2 training so that we don't -- I'm just
3 wondering how do we identify those issues
4 systemically, and is that something that you
5 can help us with or is that something that our
6 association needs to take a look at?

7 MS. WALDEN: I don't know. I'm not even sure
8 I would even know what questions to put on
9 there.

10 MS. GRESHAM: I know one of the things that we
11 already have in place is if you call the
12 portal, they look at it from end to end. And
13 so, for instance, it doesn't matter if it's
14 eligibility or waiver, that portal can send it
15 to Pat's group, they can send it to our group,
16 and they look at it end to end and they then
17 -- they trend them for us. And they'll --
18 every two weeks we have what's called business
19 partner meetings where they'll say here's the
20 trends that we are seeing. We fix lots of
21 bugs because of those things. So my
22 suggestion is to start at the portal because
23 they touch all of us. They then hold those
24 analytics. We already have the process in
25 place to look at system-wide. That's how we

1 noticed that Benefide wasn't talking to MWMA
2 appropriately. And so there are ongoing
3 system fixes.

4 We -- every Saturday morning I get an
5 e-mail, Lori, can you test a case today, and I
6 run that specific case from end to end to make
7 sure that it goes through appropriately, and
8 to check specific pieces and make sure that
9 the newest system update is running
10 appropriately. So my suggestion is to start
11 there, because that process is already in
12 place. That's how we noticed that, okay,
13 Benefide and MWMA are not talking. MWMA and
14 NNIS are having issues with what they are
15 communicating. And then when you get those
16 one-offs -- if you don't get responses from
17 the portal, absolutely send those to us,
18 because then we escalate it up and say why
19 have you not responded? And they'll send the
20 whole ticket history to say -- and that has --
21 they give you a ticket number, so then it's
22 very easy to track it through the entire
23 system, because the portal tracks it. There's
24 a system we have in place that it -- you can
25 go from end to end every single person that

1 was talked to about that case, they put in a
2 note, here's what this person said, so that we
3 can look at the patterns and look at, okay,
4 it's an issue with waiver that providers don't
5 understand to send in this piece of
6 information. So then we can send out a mass
7 letter that says, okay, we're noticing a
8 pattern that this is holding up stuff.

9 We were noticing at application review
10 that there were RFIs that were sitting out
11 there for months and months and months because
12 people simply didn't know how to check an RFI.
13 They didn't know how to upload an RFI. So we
14 sent out communication that says here's how
15 you fix an RFI, this is where they're being
16 held up. And that -- I mean, it improved that
17 process immensely.

18 And so as Laura and Pat and Alisha
19 have said, there's multiple steps. And it
20 could be that they fit the first eligibility
21 step and that gets held up. And it could be
22 something as simple as their patient liability
23 has changed from one thing to another because
24 the system didn't update it quick enough
25 because they didn't get this one piece of

1 paper in. Well, when that one thing happens,
2 it shuts everything else off. So we don't see
3 the next problem until that piece has started
4 back up.

5 And so then for waiver, their LOC
6 didn't get done in time and so that piece
7 stops. Or their plan of care wasn't correct,
8 or whatever the issue is. And so to be able
9 to follow that case from end to end just
10 really is important, because it may be that
11 there were six problems throughout the process
12 and we can't identify all six all at one time
13 because once one problem happens, it shuts the
14 case from going to the next step so that we
15 can identify that problem. Does that make
16 sense?

17 MR. STEVENSON: So does everyone have access
18 to the portal: Families, everyone, providers?
19 All have, okay.

20 MS. GRESHAM: Uh-huh (affirmative).

21 MS. CLARK: What about if they get on and they
22 absolutely have no --

23 MS. GRESHAM: Right, if they have no
24 eligibility, then you have to call DCBS.
25 Financial Medicaid eligibility is all DCBS.

1 So that's if -- if you look and there's no
2 Medicaid eligibility, start there. But if
3 it's, like, well, something's not right, we're
4 not getting paid, it looks like they had it.
5 Or if you looked two months ago and they had
6 it and now you look back and at that same time
7 it's now showing something different, that
8 could be because waiver wasn't approved or
9 whatever. So if it's right now, this moment
10 Medicaid eligibility is gone, that's DCBS.

11 MS. WALDEN: And does everybody here
12 understand that basically we have -- I don't
13 know how the best way to say this -- two types
14 of financial eligibility. We have those
15 people that are eligible for Medicaid. Simply
16 because they're eligible for Medicaid, then we
17 can add the waiver to that. And then we have
18 other people who are only eligible for
19 Medicaid because they're getting that waiver.
20 And, you know, that's that very --

21 MS. GRESHAM: It's a tricky balance.

22 MS. WALDEN: -- that's definitely a
23 relationship there. You know, maybe their
24 Medicaid eligibility ended because we didn't
25 get the waiver LOC, but if we got the waiver

1 LOC, then they would be Medicaid eligible. So
2 we have those two groups, and so it works a
3 little bit differently for those.

4 MR. HARVEY: I don't know the case number on
5 the particular example I was giving you. I
6 know the name and I can give you the name
7 after the meeting.

8 MS. WALDEN: Okay. And if it's not a real
9 common name, I can probably find it. But if
10 it's a common name, we might need a little
11 more information. Definitely we'll look it up
12 and see.

13 MR. HARVEY: I think you'll be able to find
14 this person pretty easily.

15 MS. WALDEN: Yeah, because, I mean, that's
16 what we have to do, is we do have to look at
17 each one and -- you know, your situation when
18 you said they got no notification, we can look
19 at it and say, okay, according to our records
20 it was issued on such and such day.

21 MS. GRESHAM: And one of the things we
22 found -- one of the cases that you sent me,
23 and I can't remember who it was, but the
24 problem was that they signed up for Medicaid
25 while they were in the hospital and that's

1 where their address was in the system. So the
2 hospital got the notification, but because
3 they had always went to the DCBS office every
4 year and done things right there in the office
5 and everything happened appropriately, there
6 was never a letter sent to them because they
7 did everything appropriately. And so they
8 didn't even know that their address was
9 incorrect until they missed something and then
10 they're, like, well, I didn't get a
11 notification. And we looked in our system and
12 there it was and this has this address, and
13 she's, like, that's not our address. So I
14 Googled the address and it's this hospital,
15 and they're, like, that's where we applied for
16 Medicaid. Well, that's -- and it comes in
17 from wherever and that's what was assigned.
18 And so that's -- then we were able to update
19 their address and we re-issued things and all
20 that.

21 And so a lot of times we find that
22 it's not that they were negligent in updating
23 something; it's that they didn't know to
24 update it until there was an issue. That's
25 what we've seen a lot of on both waiver and

1 eligibility. It was just, well, they have
2 always done everything right --
3 MS. WALDEN: There's a lot more fingers in the
4 pie than there used to be. It used to be just
5 DCBS. And since 2014 it is not just DCBS.
6 MR. CALLEBS: Is there a way, or would it help
7 to have a system set up to where the
8 notifications go out for waiver recipients to
9 the case manager? That's the one service
10 every waiver recipient must receive. You have
11 to have case manager of record.
12 MS. WALDEN: We can send their eligibility
13 notice to the case manager if the case manager
14 is authorized representative. That's for
15 their financial.
16 MR. CALLEBS: That's a great example, the
17 hospital, or it goes to a, whatever, cousin,
18 aunt, uncle, who was helping out at the time,
19 and now they moved away, or the parents don't
20 understand the letter, or it gets tossed or --
21 MR. HARVEY: It shows up at a staff residence
22 where you really don't receive mail, you know.
23 Just a lot of weird things.
24 MR. CALLEBS: -- the recipient, then things
25 don't get done. But if it were to go to a

1 case manager -- I don't know, it just seems
2 like --

3 MS. GRESHAM: We would have to have the
4 person's authorization to do that because it
5 would be HIPAA. But, I mean, if they're their
6 authorized rep, then they get that
7 information.

8 MR. CALLEBS: But only if.

9 MS. GRESHAM: Well, the case managers have
10 access to their case on Benefide. You just
11 click -- you can't go into details, but you
12 can see if they're Medicaid eligible. Anybody
13 can.

14 MS. CLARK: Can they see through that -- can
15 they see through Benefide --

16 MS. GRESHAM: Yeah, they are electronic, so...

17 MS. WALDEN: They can get notices by mail,
18 electronic, or both. In order to see them on
19 Benefide, they have to be submitted
20 electronic.

21 MR. CALLEBS: Like I notice for a recert being
22 due, if that goes to an errant address or
23 something --

24 MS. WALDEN: When we do recert, we do -- like
25 I said, they're either renewed passively or

1 they'll get a form in the mail to complete.
2 We don't do the appointments anymore. They
3 can come in. They can call us when they get
4 that form, but we don't do recert appointments
5 anymore.
6 MR. CALLEBS: If they never receive the form
7 and it never gets turned in because it never
8 reached the representative or anybody else, it
9 goes to a wrong address, or whatever, then it
10 will just lapse?
11 MS. WALDEN: Yes. It will discontinue.
12 MR. CALLEBS: I think it happens some as well.
13 MS. WALDEN: If we don't get the form, we
14 issue a second form.
15 MR. CALLEBS: To the same address?
16 MS. WALDEN: To the address on file, yes.
17 MR. CALLEBS: Repeating the problem if we
18 don't -- but I understand you have to go with
19 the address on record.
20 MS. SANDERS: I'm just thinking out loud here,
21 but you said everybody has a case manager.
22 That's one thing they --
23 MR. CALLEBS: If you have waiver, you have to
24 have a case manager.
25 MS. SANDERS: So are the case managers -- they

1 all have access to Benefide. Are they getting
2 on there and checking the address for their
3 people based on -- you know, are they, like,
4 oh, okay, I know Laura lives at this address,
5 but they got this on Benefide.

6 MS. GRESHAM: I can tell you from doing the --

7 MS. SANDERS: That sounds like that would --

8 MS. GRESHAM: -- for HCB that, no, that does
9 not happen.

10 MS. SANDERS: But they can?

11 MS. BROTHERS: They have a lot of individuals,
12 I'm assuming, each case manager; right?

13 MR. CALLEBS: If they never move, they never
14 go in and, say, for the 60th time, yeah, he's
15 still at 302 Elm Street because he's lived
16 there since 1978 --

17 MR. HARVEY: That's a good point.

18 MR. CHRISTMAN: They have as many people to
19 work with as they want to. No more, no less.
20 It's all voluntary on their part. And you
21 touched on this, how -- how happy are your
22 parents with case management services?

23 MS. BROTHERS: With their case managers?

24 MR. CHRISTMAN: Yeah.

25 MS. BROTHERS: They were really happy with

1 their case manager.

2 MR. CHRISTMAN: Always? I mean, among all

3 your parents? I mean, they don't have any --

4 I thought you mentioned that they were not

5 getting the right information sometimes.

6 MS. BROTHERS: Well, I think the case manager

7 didn't receive the right information either,

8 but she was very happy with her case manager.

9 MS. GRESHAM: And I can tell you from the

10 focus group it's a mixed bag. Some people are

11 phenomenally happy with their case manager and

12 some people think that their case managers do

13 nothing but sign a time sheet, and some of

14 them have admitted that's all I do is sign a

15 time sheet.

16 MR. CHRISTMAN: Yeah, it's too bad Ellis is

17 not here, but I just want to say it is very

18 spotty, quality among case managers.

19 MS. GRESHAM: There's some great ones and some

20 bad ones.

21 MR. CHRISTMAN: It's very spotty and,

22 honestly, there should be some more

23 qualifications other than the fact that you

24 got a degree and you didn't -- not convicted

25 of a felony. I mean, there should be some

1 kind of a pretest to make sure you understand
2 the regulations, because many case managers do
3 not. There needs to be more standard, I
4 think, in who gets to be a case manager.
5 MR. CALLEBS: Well, maybe that along with
6 simplifying the regulation. There are so
7 many, as you said --
8 MR. CHRISTMAN: Yeah, but if they don't make
9 an effort to understand it --
10 MR. CALLEBS: Well, it goes both ways. Yeah.
11 MR. CHRISTMAN: But some do and some don't.
12 They can be understood, but some don't bother.
13 MR. CALLEBS: Some need some additional
14 training, I agree with you. But some, for
15 example --
16 MS. WALDEN: The same for everything.
17 MS. GRESHAM: And that's with every -- every
18 profession.
19 MR. CHRISTMAN: But a lot of professions there
20 is a bar you have to cross. You have to
21 evidence a certain amount of knowledge about
22 your job.
23 MS. GRESHAM: And I can tell you both of those
24 things, both streamlining regulations and
25 looking at case management as a whole, both of

1 those are things that we identified loud and
2 clear through the focus groups and things and
3 people will be looking at. Regardless of
4 which -- what the waivers look like in
5 delivery system, those are things that we will
6 look at regardless. Those are some of the
7 things that we really hit on that -- that case
8 manager, even with eligibility -- if they
9 don't understand the eligibility system, then
10 these folks --

11 MR. CHRISTMAN: Right.

12 MS. GRESHAM: -- are just floating in the
13 water. And a lot of them don't -- like, we'll
14 get a call from a family that says I didn't
15 even know it was my recert time. And so then
16 we say, well, have you talked to your case
17 manager, and the case manager, oh, I don't
18 look at that. While there are some case
19 managers that understand that those things --

20 MR. CHRISTMAN: Yes.

21 MS. GRESHAM: -- kind of go hand in hand, so
22 they'll say, hey, it's time for your
23 recertification, you need to go down to the
24 DCBS office and do XYZ. And so looking at
25 that as a whole is something that we will be

1 doing because that case manager really is kind
2 of the gatekeeper to both sides, to the
3 Medicaid, both waiver and eligibility, and
4 then also to the providers to understand the
5 service provision and getting PAs done and
6 getting the things appropriately in place so
7 that billing happens, so that families who are
8 supporting these folks, that their workers get
9 their paycheck, that Medicaid eligibility
10 happens. And it is -- it's a lot of juggling
11 balls that -- that's their front door.

12 MR. CHRISTMAN: Right.

13 MS. GRESHAM: And so we understand in meeting
14 through the focus groups that that is a
15 vitally important role that we really want to
16 take a good, strong look at to make sure, one,
17 that we have the provisions in place that
18 those folks are the right folks to do that
19 job, and also making --

20 MR. CHRISTMAN: I really think that's
21 necessary because we have to explain many
22 times to case managers what their job is and
23 what can be done under the waiver.

24 MS. GRESHAM: And then also make --

25 MR. CHRISTMAN: And case managers feel that

1 they're overwhelmed, that is not a valid
2 excuse.

3 MS. BROTHERS: It's not.

4 MR. CHRISTMAN: That is not a valid excuse.

5 MS. GRESHAM: Because they choose that. And
6 then making sure that it's easy for them to
7 get the right thing and know, okay, here's the
8 expectation --

9 MS. BROTHERS: I don't think that was the
10 problem with this, because she has a really
11 good case manager --

12 MS. GRESHAM: Right.

13 MS. BROTHERS: -- in this particular case I'm
14 talking about here. It's just they, neither
15 one of them received the communication.

16 MS. GRESHAM: Right.

17 MS. BROTHERS: So that was the problem.

18 MS. CLARK: -- back door into that to take a
19 look and see where the breakdown occurred.

20 MS. BENTLEY: So I have a question. So you
21 were talking about a portal earlier and you
22 said that families have access to portal. Can
23 you elaborate? Because I don't know what the
24 portal is.

25 MS. GRESHAM: Hold on just a second and I'll

1 tell you what the number is. I got it at the
2 bottom of my e-mail address. So for them to
3 call it's 1-800-635-2570, and I'll give you
4 prompts so that they don't just sit and listen
5 to everything. After the message, press one,
6 then six, then two, and that transfers them
7 directly to the MWMA contact.

8 MS. BENTLEY: So if they have a problem, so
9 they should start with DCBS?

10 MS. GRESHAM: It depends on what the problem
11 is.

12 MS. BENTLEY: If we don't know what the
13 problem is, they can go to the portal or they
14 should come --

15 MS. WALDEN: There's folks that work with the
16 portal that send us e-mails on a daily basis.
17 I assume that's Tammy and Bacash (phonetic)?

18 MS. CLARK: It's their staff, yeah. They're
19 the ones that are...

20 MS. WALDEN: So we get e-mails daily where
21 they looked at everything on the waiver side,
22 and so they'll send it to us to look at the
23 financial side.

24 MS. BENTLEY: So if they do have an issue,
25 because like I've relied on Alisha a whole

1 lot -- because if you don't know where it goes
2 and -- it's complicated. So if I have a
3 family calling me, then this will be the best
4 place for them to start as opposed to going to
5 the local DCBS office? Because I get called
6 at the council all the time.

7 MS. WALDEN: It really -- it depends on the
8 situation, you know. It's difficult for
9 people to know if it's an easy fix or not, or
10 where the problem is. I would say the
11 advantage to going to the portal is that you
12 do get a ticket number and, you know, you do
13 have a reference. My thing would probably be
14 maybe call the DCBS office, start with DCBS,
15 you know, and see what they tell you, and then
16 maybe call the portal. I mean, what are
17 you-all thinking?

18 MS. SANDERS: The only advantage I think that
19 we're seeing -- they're trending and we're
20 not. I mean, if you call DCBS, we're not
21 trending that.

22 MS. BROTHERS: Can you call the local office?

23 MS. WALDEN: No. It's that 855 number. But,
24 Laura, didn't you -- didn't you tell me that
25 there is an option now to enter a zip code and

1 it will --

2 MS. SANDERS: On December 18 they implemented

3 an option on the DCBS call services line for

4 what we call long-term care. So if you're,

5 you know --

6 MS. GRESHAM: That's what our folks are on.

7 MS. SANDERS: Yeah. And I don't know, I

8 haven't called that number and I'd have to

9 look at the e-mail. But you get prompts and

10 you can put in your zip code and then it takes

11 you to the local office of whatever county,

12 the zip code that you put in.

13 MS. WALDEN: We are trying to go back to more

14 of the local office with the long-term care

15 waivers, the nursing facilities, hospice, all

16 that.

17 MS. SANDERS: Now, it's my understanding if

18 you punch in your zip code and that -- say

19 you're calling a county that has one person

20 that can answer your questions and they're on

21 the phone, it's going to direct you back to

22 the general queue, but I'd have to look at the

23 e-mail.

24 MS. WALDEN: We'll have to look at that and

25 forward that to Laura.

1 MS. BENTLEY: So what number?

2 MS. SANDERS: It's the same. DCBS -- and you

3 get a prompt if you select Medicaid -- like I

4 said, I don't call that number.

5 MS. WALDEN: And I meant to print it out and

6 bring it.

7 MS. SANDERS: We didn't. We got -- we were

8 busy.

9 MS. WALDEN: -- busy this morning. Laura

10 picked me up and --

11 MS. SANDERS: But I do know you can put your

12 zip code in. And we can share it with Lori

13 and Alisha and then she can share it with the

14 group.

15 MR. CHRISTMAN: So are you saying that each

16 county would have someone designed --

17 dedicated to long-term care?

18 MS. WALDEN: Each county is supposed to have

19 two workers --

20 MS. SANDERS: Supposed to.

21 MS. WALDEN: -- that are -- I won't say

22 dedicated to long-term care. That's not all

23 they do. They're supposed to have two workers

24 that are specialized in long-term care,

25 waiver, nursing facility and hospice. So

1 every office is supposed to have those.

2 MR. CHRISTMAN: Are we finding that they are

3 less overwhelmed then than they used to be as

4 things get better or?

5 MS. WALDEN: I can't really say. I think so.

6 I think things are getting better out there.

7 You know, we keep as much contact as we can.

8 MS. SANDERS: From Pat and I's perspective,

9 yes. Now, you know, we're not in the field,

10 so...

11 MR. CHRISTMAN: But from what you hear.

12 MS. WALDEN: From what we hear things are

13 getting better.

14 MS. GRESHAM: I hear that they are less

15 slammed.

16 MR. CHRISTMAN: Yeah.

17 MS. WALDEN: And from what we see things are

18 getting better, you know. And we are

19 constantly working to make things better,

20 because I'm all about doing what's best for

21 me, but I have found out that normally if I

22 can make things better for other people, then

23 that makes it better for me, too. So that is

24 our goal, you know.

25 But, yeah, they are working to bring

1 things back, long-term care back to the local
2 level.

3 MS. CLARK: If you-all do send something to me
4 or Lori, it is helpful -- say, you talked to
5 your case manager and they're, like, I just
6 don't know what know what it is and you want
7 to reach out to us, get their ticket number,
8 because that's one of the first things that we
9 refer to. When somebody asks me, we had a
10 system issue and, you know, can you backdate
11 this, or whatever, I'm always asking what's
12 your ticket number, because I can go in there
13 and take a look at the ticket number and see
14 everything that happened with it, and that
15 helps us with our research as well.

16 MR. CALLEBS: And you only get a ticket number
17 through the portal?

18 MS. CLARK: Yes.

19 MR. CALLEBS: So that's the importance of
20 maybe early on --

21 MS. GRESHAM: Then we can track it.

22 MS. CLARK: Yeah. I mean, you know, if you
23 tell me, well, I couldn't submit this service
24 because the system blew up or whatever, and
25 I'm, like, okay, Johnny, which ticket number?

1 Then I will work -- because I know that you
2 identified it that day and then I'm going to
3 work with you on getting everything in the
4 system correctly.

5 MR. CALLEBS: Sure.

6 MS. CLARK: No matter how long it takes,
7 whatever it takes, I'm going to make sure that
8 it's right.

9 MS. WALDEN: Just some advice on the DCBS side
10 that you can share with people who do call the
11 DCBS number. If they would please make a note
12 of what time they called, what number they
13 called from, and always ask who they spoke to,
14 especially -- we love to hear it when people
15 are helpful and take care of everything. We
16 love to hear that most. But if the worker was
17 not particularly helpful, or was not able to
18 assist them and you need somebody to look at
19 it further -- because we can always pull those
20 phone calls, and we do pull those phone calls
21 and listen to them. But we need -- in order
22 to do that, we need to know usually the time
23 of the call, the date and time, or the number
24 they called from, but it's always best to ask
25 who they're talking to and get that name

1 because that makes people accountable.

2 MS. SANDERS: It does, and we can -- we don't

3 have a problem saying, you know, Laura Sanders

4 took a phone call and this is what we heard

5 and this is incorrect. I mean, we will use

6 names. We don't have a problem with that.

7 But, yeah, you would be amazed at the people

8 that I talk to and have no idea what number

9 they called or who they talked to. And so

10 it's really -- well, I talked to this person

11 and they told me this. I don't even know if

12 they were talking to DMS or were they talking

13 to DCBS, were they talking to their provider.

14 I don't know where to start, you know, in

15 trying to track where the misinformation is

16 coming from as far as misinformation. So, you

17 know -- and I do, too, I make phone calls and

18 forget to write stuff down, but it never hurts

19 to remind people.

20 MR. CHRISTMAN: Sure.

21 MS. BROTHERS: Can I make a suggestion? I

22 walked in my local office, and I just want to

23 say I don't think they're very friendly. I'm

24 just going to say that to you, because --

25 MS. SANDERS: What county? Yeah, you can tell

1 us what county. It's fine.

2 MS. BROTHERS: I'd rather not say since I have

3 to deal with them on a regular basis.

4 MS. SANDERS: But we've all --

5 MS. WALDEN: I'm not going to sit there and go

6 so-and-so said this, this and this.

7 MS. SANDERS: No.

8 MS. WALDEN: We're just asking for our own

9 information.

10 MS. BROTHERS: I live in Anderson County.

11 MS. WALDEN: Okay.

12 MS. BROTHERS: But needless to say, I walk in

13 there and I was turning in my papers. I'm a

14 very friendly person. And, you know, when I'm

15 just going in to turn in my review or paper,

16 financial, whatever I'm doing, and I just walk

17 in to hand that in, you know, they don't even

18 greet you friendly. They don't even act like

19 they want you in their presence for the day.

20 I just find that to be very rude, for one, and

21 I just think they need to be trained

22 differently because I'm there to --

23 MS. SANDERS: Yeah.

24 MS. BROTHERS: -- turn in something for a

25 family member. And I feel like that you

1 should -- you know, how you doing? I don't
2 know, maybe it's just me because I'm a
3 friendly person.
4 MR. HARVEY: At least, how may I help you?
5 MS. BROTHERS: Yeah, yeah, something.
6 MR. HARVEY: It's not you. It's them.
7 MS. BROTHERS: And I'm trying --
8 MS. WALDEN: You're not really telling us
9 anything that we don't know.
10 MS. BROTHERS: You've given me a day's notice.
11 I'm up here in to help -- I don't want my aunt
12 to lose her services and, you know, I'm trying
13 to give you whatever you're wanting and, you
14 know, she's just, like, I stamped it, here it
15 is, take it. You know, it's like -- it's so
16 rude to me. And I'm not beneath you and she's
17 made me feel like, you know, I'm just this
18 low-scum-of-the-earth person.
19 MS. SANDERS: And nobody should be made to
20 feel like that. Nobody.
21 MS. WALDEN: -- Laura and I go out to
22 different offices, so we do know that.
23 MS. BROTHERS: I kind of want you to feel --
24 and I think -- you know, I've been told that
25 from other offices. It's not just --

1 MS. SANDERS: So it's not an isolated
2 incident.

3 MS. WALDEN: Laura and I are policy. We're
4 different -- there's a different division that
5 takes care of the human resources personnel
6 type of stuff.

7 MS. SANDERS: Yeah.

8 MS. WALDEN: But we'll definitely share that
9 with division director and assistant director.
10 I don't think it's maybe anything they've not
11 heard before either.

12 MS. SANDERS: Usually if you got one complaint
13 from somebody that is not skilled in customer
14 service, other people have also made that
15 complaint.

16 MS. WALDEN: Office culture.

17 MS. SANDERS: Yes, it is. Sometimes it very
18 much is -- it very much is an office culture.
19 It's not a new thing. And I say that not to
20 be dismissive. I don't like it at all. I
21 think everybody should be treated with --

22 MS. WALDEN: I'm a strong believer in customer
23 service regardless of what your feelings are.

24 MS. BROTHERS: I think in all of those offices
25 all across the state no matter what the

1 people's situations are, they are there
2 because they need help, and they need to be
3 treated with respect and dignity.

4 MS. SANDERS: They should be. And I will tell
5 you -- and we do have poor customer service in
6 many offices, but we do have really good
7 customer service in many offices, because I
8 worked in one for years and years, and I --

9 MS. WALDEN: I've been at offices where I've
10 had poor -- and I say customer service,
11 because when I walk into an office, they don't
12 know who I am and they don't care. They
13 don't. They don't care. And usually if I
14 tell them my name, all they say is you're the
15 name that's on all those e-mails we get.

16 But I've gone in offices where, you
17 know, I get the same thing, and then I've gone
18 back and gotten treated much better. So I'm
19 always very pleasantly surprised that -- it
20 does seem overall that things are getting a
21 little bit better on that front. You know, I
22 think that with the new administration it's
23 really -- really brought home to them that the
24 customer service isn't necessarily what it
25 should be in a lot of these offices.

1 MS. SANDERS: And this is where I just bring
2 home again, that when you do receive poor
3 customer service you have to let somebody
4 know. And I know you're, like, I have to go
5 to that county and I don't want to, but we are
6 all professionals and nobody would say Pat
7 Walden sent me an e-mail and complained about
8 you. I mean, that's not how it's going to be
9 approached.

10 MS. WALDEN: We don't forward e-mails.

11 MS. SANDERS: No.

12 MS. WALDEN: We take out personal information
13 and stuff. We might leave in some context,
14 but we don't have names or anything.

15 MS. SANDERS: No. We just say, you know, this
16 -- could you -- and at least -- then the
17 person who is over personnel can start
18 tracking and knowing, oh, we're hearing some
19 stuff come out of this county. But I talk to
20 many people who will tell me stuff and I'll
21 say, who did you talk to, what county? I
22 don't want to say. Well, if you don't tell
23 me, I can't even begin to address, you know.

24 MR. CHRISTMAN: Exactly.

25 MS. SANDERS: So sometimes it just has to.

1 And like I said, as far as Pat and I, we never
2 would share personal information.

3 MS. WALDEN: No. And if they do like I do --
4 because if somebody calls me and says, I
5 talked to Laura earlier and I just want you to
6 know she was really rude to me. I'm like
7 okay, you know, thank you, I've made a note of
8 that or whatever.

9 If nobody else ever calls me to tell
10 me Laura is rude, for the most part I just,
11 you know, put it aside and don't worry about
12 it. But then if I start getting phone calls
13 more often to tell me that Laura is rude, then
14 I'm going to say, I need to address this.

15 MS. SANDERS: That is the third phone call
16 I've had this week.

17 MS. WALDEN: We're not going to jump on
18 somebody just over one complaint. So if
19 you're seeing it often, we do need to know
20 about it.

21 MR. CHRISTMAN: Is there a move to consolidate
22 more offices in DCBS? I know in other
23 cabinets there are --

24 MS. WALDEN: I don't know.

25 MR. CHRISTMAN: -- but it hasn't happened in

1 DCBS.

2 MS. WALDEN: It has not. They are looking at

3 another reorganization, but I'm not sure what

4 that is, but I have not heard anything.

5 MR. CHRISTMAN: I agree with you it is office

6 culture, and a lot of times those managers

7 turn over.

8 MS. SANDERS: They do.

9 MR. CHRISTMAN: And that's a part of the

10 problem, too.

11 MS. WALDEN: We have had a huge turnover in

12 the past few years.

13 MR. CHRISTMAN: That's a problem.

14 MS. SANDERS: Massive turnover. And I

15 don't -- like I said, I offer no excuses for

16 it. Pat and I both have been around a very

17 long time. We both worked in the field. I

18 never treated anybody, you know, without the

19 human just decency, you know, and politeness

20 because I'm getting paid to do a job, you

21 know. Whether I'm working the register at

22 Wal-Mart or DCBS office, you know, there is a

23 basic -- you know, you need to follow a basic

24 level of customer service, so...

25 MR. CHRISTMAN: And it does depend under the

1 manager.

2 MS. SANDERS: It depends and, you know, it

3 depends on the person and -- but, you know --

4 MR. CHRISTMAN: Managers make a difference.

5 MS. SANDERS: Yeah. And I have myself been

6 like Pat, been standing in a local office, you

7 know, to get buzzed back in, or wherever I'm

8 there, and been treated rudely. So I have no

9 doubt that it -- of course, like Pat, they

10 know me even less than they know Pat.

11 MS. WALDEN: They recognize our name and all.

12 It's just a name on the e-mail.

13 MS. SANDERS: So I don't doubt that it

14 happened, but I'm saying we got to know that

15 it happened. We got to know, you know, some

16 details and then it can start being addressed,

17 maybe not overnight, but at least, you know,

18 we're starting.

19 MR. CHRISTMAN: We've covered these three

20 agenda items; have we not?

21 MS. BROTHERS: We're now to Lack Of --

22 MR. CHRISTMAN: -- Behavior Analysis.

23 MS. BROTHERS: Yes. I just wanted to discuss

24 some things with that. Lack of the ABA

25 providers in Eastern Kentucky was one of them

1 that I wanted to discuss, because I've had a
2 lot of calls on this as far as people not
3 having what they need and they're having to
4 drive into Lexington or big cities to get the
5 providers that they need. So I just wanted to
6 kind of bring that up.

7 And another concern of theirs is the
8 MCOs not having the adequate coverage as far
9 as like some of them will require, like, prior
10 authorization, like they'll cover, like,
11 speech or OT, or whatever, but then the ABA,
12 the prior authorization, some of the things
13 they come back with is experimental or
14 untested, unproven, or they can get it through
15 the school district, so it's not covering it.
16 MS. CLARK: So with the MCOs that's going to
17 be a different area than Lori or I. So if you
18 have a specific example of -- I can send it
19 to -- she's assistant director now, Stephanie.
20 So if you can provide us that, because they
21 do -- and don't quote me 100 percent on this,
22 but they have to have so many providers within
23 an area. I don't know, it's got some name.
24 But they look --

25 MR. CAIN: Network adequacy.

1 MS. CLARK: Network adequacy, there we go.
2 MR. HARVEY: I knew that guy was going to come
3 in useful.
4 MS. CLARK: So I know that you-all have to
5 have network adequacy and they look at these
6 reports quite frequently, if I remember
7 correctly. So if you could give me member
8 information --
9 MS. GRESHAM: Did someone join? Did someone
10 join?
11 MS. STOUT: Yes.
12 MS. GRESHAM: Can you tell me who joined?
13 MS. STOUT: Yes. This is Kathy Stout from
14 Cumberland River.
15 MS. GRESHAM: Hi, Kathy. Thank you. Are you
16 for the IDD-TAC? Is that what you're trying
17 to call in for?
18 MS. STOUT: Yes.
19 MS. GRESHAM: Okay, you got us then. Thank
20 you.
21 MS. STOUT: Thank you.
22 MS. GRESHAM: You want a specific case?
23 MS. CLARK: Yes, we want a specific case,
24 member information, and if you would provide,
25 like, the phone number for that member, so

1 that we're not giving HIPAA information to
2 everybody. I can ask Stephanie to reach out
3 to the member or the guardian, and also to
4 whichever MCO that this is related to.

5 MS. BROTHERS: Okay. And something else I
6 wanted to ask about was on the MCOs, on the
7 explanation of benefits, can something be
8 added to where this ABA would be covered?

9 MS. CLARK: That I can't answer.

10 MS. BROTHERS: Is that still --

11 MS. CLARK: That would be -- have to be
12 through Stephanie.

13 MS. GRESHAM: Because our folks are carved out
14 of managed care. Waiver folks don't access
15 managed care. So we don't have any --

16 MS. CLARK: But if you will put that in an
17 e-mail to me, I'll be more than happy to send
18 it to her, absolutely. Sorry that we can't...

19 MR. CHRISTMAN: In terms of availability of
20 some services, you mentioned Eastern Kentucky.
21 And I know it seems like the policy is with
22 Medicaid transportation, they'll transport
23 someone to a contiguous county, but not beyond
24 that? Does anybody have any information on
25 that issue? I've never seen this --

1 MS. CLARK: Yeah, that's a planned service and
2 they're in Charles' area, so I do know that
3 there are guidelines for the transportation.
4 MR. CHRISTMAN: There must be guidelines,
5 because I've ever seen it in any kind of
6 regulation anywhere. So it's just like an
7 internal policy then, or is that a guideline?
8 MR. SHANNON: Some transportation has a
9 regional. Some just do county. Some will
10 cross multiple counties. So if a
11 transportation provider doesn't do Laurel and
12 Rockcastle County, but it does Laurel --
13 someone else does Rockcastle -- that's a
14 problem that a lot of consumers do have.
15 MR. CHRISTMAN: So if the provider is willing
16 to do it, you can go beyond the contiguous
17 county if the provider is willing to do it?
18 MR. SHANNON: I don't think -- if the county
19 pays, I don't think they would be going.
20 MR. CHRISTMAN: They what?
21 MR. SHANNON: I don't think they would go to
22 another county.
23 MR. CHRISTMAN: Could they and get reimbursed?
24 MR. SHANNON: They can do whatever they want,
25 but who is going to pay them for it?

1 MR. CHRISTMAN: Well, that's what I say. So
2 in other words --
3 MS. CLARK: Is it in regulation that they can
4 only get paid to go to the next county?
5 MR. HARVEY: It has to be an adjoining county,
6 as far as Medicaid transportation goes.
7 MS. CLARK: Okay. So that's in regulation.
8 MR. HARVEY: We have some people in Lexington
9 that receive services in Madison County.
10 MR. CHRISTMAN: I have not seen it in
11 regulation. I've looked for it.
12 MS. CLARK: If you will send me an e-mail,
13 I'll be more than happy to get Charles
14 involved and get you the information that
15 you're looking for.
16 MR. HARVEY: Yeah, okay. Right. I'm going
17 off what the transportation broker told us.
18 MS. CLARK: Okay.
19 MR. CHRISTMAN: Yeah. But, again, I've not
20 seen it in regulation. I just want to know if
21 that's an internal policy.
22 MS. CLARK: That I can't tell you.
23 MR. CHRISTMAN: Yeah, okay. I'll try to do
24 that then.
25 MR. CALLEBS: I think they can go beyond -- if

1 the service is not available in a contiguous
2 county, they can go beyond.

3 MR. CHRISTMAN: I've never seen any regulation
4 that addresses that issue.

5 Heightened scrutiny?

6 MS. BROTHERS: Yeah, I had somebody ask some
7 questions about that. And I just wanted to
8 know about the -- they wanted to know about
9 the reporting incident, the frequency of
10 injuries, the sexual abuse incidents, the
11 fatalities, elopement for each agency broken
12 down in the course of a year. Who would we --

13 MS. GRESHAM: What are -- and I'm not sure.
14 What are you looking at? Because what I got
15 was Group Homes and Community Setting Rule
16 Heightened Scrutiny.

17 MS. BROTHERS: Right.

18 MS. GRESHAM: So that leads me to think about
19 final rule. That's where the "heightened
20 scrutiny" terminology comes from. And what
21 you're discussing, those two things aren't
22 hand in hand, so...

23 MS. BROTHERS: Well, the status of the
24 agencies was the first thing.

25 MS. GRESHAM: So all of the agencies have now

1 submitted their transition plans, their
2 updated transition plans, and we are reviewing
3 those and will have our stakeholder groups
4 continue like we had in the past. We're
5 really kind of in a holding pattern waiting
6 for CMS to give us word on our first group to
7 see kind of where that is, and to kind of
8 expand on their kind of broad-based. There
9 may be an extension to heightened scrutiny
10 process, what that means as they have not
11 really expanded on that yet. So we're kind of
12 in a holding pattern for CMS to kind of speak
13 that to us.

14 We already sent one group in. We do
15 have everybody's information collected and are
16 reviewing all of those transition plans,
17 working with different providers. And we're
18 reading them and see -- this is not going to
19 get past our stakeholder group. Based on past
20 stakeholder groups, here's the areas where we
21 continue to see that you may need to kind of
22 dig a little deeper to talk to those specific
23 agencies and help them to understand the
24 intent of the rule. We're reaching out to
25 those as we're reviewing those.

1 MS. BROTHERS: Okay. Now, I guess the next
2 question and the follow-up to that is, on that
3 reporting --
4 MS. GRESHAM: Hold on a second.
5 Would you mute your phone, please?
6 Okay.
7 MS. BROTHERS: Is there anything in place as
8 far as the reporting of the incidents?
9 MS. GRESHAM: Okay. Every waiver has incident
10 reporting within their waiver, and that's not
11 hand in hand with heightened scrutiny.
12 MS. BROTHERS: I'm talking about for the
13 agencies. I guess I'm wanting to know is
14 there any way to put anything in place for,
15 like, the agencies or the group homes?
16 MS. GRESHAM: They do have --
17 MR. HARVEY: All agencies have compliance that
18 they have to meet. That's in statute --
19 MS. GRESHAM: I mean, they have to --
20 MR. HARVEY: -- around incident reporting.
21 MS. BROTHERS: I guess what this parent is
22 asking, is there anything that you can, like,
23 see --
24 MR. SHANNON: Is it reported by agency?
25 MS. BROTHERS: Right.

1 MR. SHANNON: Kind of a report card.

2 MS. BROTHERS: Yeah. Is there a report that

3 they can see? Like, say if they want to put

4 their individual in that place, is there

5 something that you can look up and see,

6 like --

7 MR. HARVEY: There's the provider profiles on

8 the -- on the Cabinet website and so forth

9 that tells whether or not an agency is on

10 moratorium or not. But other than that, I

11 think you get into a whole lot of HIPAA stuff

12 if you're talking about incident reports that

13 didn't happen on somebody that is your child

14 or your ward, or whatever the situation may

15 be.

16 MR. CHRISTMAN: You're just talking about

17 numbers, though.

18 MS. BROTHERS: Yeah, I'm talking about

19 numbers. I'm not asking for specific --

20 MS. GRESHAM: They would have to do an open

21 records request to request that.

22 MS. SANDERS: Like daycares have stars

23 ratings, where the agencies -- so I guess

24 that's kind of what you're asking.

25 MS. BROTHERS: Or nursing homes. But you

1 don't have anything for these? That's what
2 I'm asking you.

3 MS. SANDERS: Doesn't sound like it.

4 MS. BROTHERS: And there's none going to be in
5 the future?

6 MS. GRESHAM: I can't say that.

7 MS. BROTHERS: I guess what I'm asking --

8 MS. GRESHAM: So one of the things that we're
9 looking at through waiver redesign is quality
10 of services, how to incentivize that, how to
11 work so that we're not so compliance driven
12 and did you check -- because there's certain
13 things that CMS says you have to have this for
14 a document to get paid, black and white. And
15 for a long time, because our regulations are
16 geared to where that's what we look at, kind
17 of looking at, okay, let's look at quality.
18 We still have to check the boxes and all those
19 things, but let's also look at the quality
20 piece. So that is something that we are
21 looking at, not just specific to incident
22 reports but quality of services in general.
23 So, yes, that is something that we are looking
24 at. Now, will there be a report card? I
25 don't -- I can't say what that will look like

1 in any way, shape or form because we're just
2 not there. We are, again, waiting on the
3 recommendations.
4 MR. CHRISTMAN: But something that would help
5 people make better informed choices.
6 MS. BROTHERS: Yeah, right. That's what I'm
7 after, is like these parents want to know.
8 Where can they find that?
9 MR. STEVENSON: You walk into a restaurant,
10 you see the rating.
11 MS. BROTHERS: That's exactly what I was
12 thinking of.
13 MR. STEVENSON: Something similar that says --
14 MR. SHANNON: Some of those are scary.
15 MS. GRESHAM: If I see anything other than,
16 like, 99, I don't go into a...
17 MR. SHANNON: -- a personal favorite was
18 unrelated -- lost a point because there was no
19 soap at the employee's sink. You lose a point
20 for that?
21 MR. CHRISTMAN: Are we ready to --
22 MR. STEVENSON: Quick question --
23 MR. CHRISTMAN: Yes.
24 MR. STEVENSON: -- if I could.
25 Barb, this is a question for you

1 about -- I know at one point the state was
2 looking at -- I know you were in charge of
3 professional credentialing. And I know that
4 was in the past, but I don't really know
5 whatever happened to it, and maybe I just
6 didn't hear. But I'm just curious did that
7 drop or is it -- is there any consideration
8 for that in the future or --

9 MS. LOCKER: Consideration for future is a
10 Lori question.

11 MR. STEVENSON: -- credentialing -- I know at
12 one point Barb -- the only reason why I
13 mentioned your name because I knew you were --
14 your name in my mind was associated with that,
15 with the development of that. So I didn't
16 know if that had just dropped or was that
17 something -- I just didn't know the status of
18 it.

19 MS. GRESHAM: We're looking at -- one of the
20 things we heard at the focus groups was across
21 waivers, it's not the same across waivers.
22 And so looking at DSPs across the waivers,
23 what -- so somebody who does personal care,
24 what's that look like? Because personal care,
25 while there may be some intricacies based on

1 an ABI or an IDD or physical disability, a
2 bath is a bath is a bath. So what -- how do
3 you define the services as such, how do you
4 credential folks appropriately, because you
5 may not need a college degree to fix somebody
6 something to eat, but you may need a little
7 more training to teach someone how to feed
8 themselves based on swallowing and things like
9 that. So kind of looking at our direct
10 support professionals, and even PDS
11 professionals that are providing these
12 services, looking at those across the board,
13 defining that better. So, yes, that is
14 something we're looking at.

15 MR. STEVENSON: Thank you.

16 MR. CHRISTMAN: Are we ready to schedule our
17 next meeting? What works?

18 MS. GRESHAM: Can we request -- so they are
19 wanting us to be able to have the whole year's
20 meetings on website. So if we can go ahead
21 and schedule the entire year's.

22 MR. CHRISTMAN: Do that right now?

23 MS. GRESHAM: Obviously, things can change,
24 but so we can get them up on the website.

25 MR. CHRISTMAN: So like --

1 MR. STEVENSON: The first Wednesday?

2 MR. CHRISTMAN: Does that work everybody, the

3 first Wednesday at 10:00, every other month?

4 MS. WHEELER: March, May, July --

5 MR. CALLEBS: Well, we're trying to coordinate

6 them according to MAC as well, in case there

7 are recommendations that need to go forward --

8 MR. CHRISTMAN: That's true.

9 MR. CALLEBS: -- so there will be no --

10 MR. STEVENSON: What is the MAC schedule?

11 MS. WHEELER: I don't know. I have no idea

12 about that.

13 MS. BENTLEY: March 22nd, May 24, July 26.

14 MR. STEVENSON: So the meetings would be

15 before the MAC. Yeah, that should work, that

16 first Wednesday every other month.

17 MR. CHRISTMAN: Does that work?

18 MS. BROTHERS: What is the first Wednesday of

19 March, the next time?

20 MR. STEVENSON: The 7th.

21 MS. BROTHERS: That won't work for me, because

22 we have our conference the 8th and there's no

23 way. I can't do it.

24 MR. STEVENSON: And I know that there's going

25 to be one that I'm going to miss, too, but

1 hopefully we can establish that there's going
2 to be a quorum here, if you know that you're
3 going to miss that one.
4 MS. BROTHERS: I know I'm going to miss that
5 one.
6 MR. STEVENSON: Unless you want to reschedule
7 that one specifically.
8 MS. BROTHERS: Yeah, because our state
9 conference is the 8th. I won't be able to
10 come the 8th.
11 MR. HARVEY: Or do you want to move it to the
12 next week?
13 MS. BROTHERS: I think the next week would be
14 better for me.
15 MR. CHRISTMAN: Just for that month, we'll
16 bump it up on the MAC.
17 MR. STEVENSON: It's still before the MAC.
18 MS. BROTHERS: Yeah.
19 MR. HARVEY: So we can go the 14th on that
20 particular month and then --
21 MR. CHRISTMAN: March 14, and then everything
22 else the first Wednesday every other month,
23 would that -- what did you say, March 14th?
24 MS. CLARK: So just so we have them written
25 down, I've got March the 14th is on a

1 Wednesday, and then the next one would be May
2 the 2nd?

3 MS. BENTLEY: So is Wednesday the best day
4 with Health and Welfare on Wednesdays? That
5 won't interfere with you-all?

6 MS. GRESHAM: We just might -- I might get --
7 none of us are all always pulled. So if it's
8 Health and Welfare and it --

9 UNKNOWN GENTLEMAN: That will affect the March
10 meeting. Done by May.

11 MR. CHRISTMAN: We'll just have to do
12 without...

13 MR. STEVENSON: And then July 4th, so what
14 about the 3rd or the 11th?

15 MR. CHRISTMAN: What's July?

16 MS. GRESHAM: It's on the 4th.

17 MR. STEVENSON: I guess you could move it a
18 week later.

19 MR. CHRISTMAN: July 11th, okay.

20 MS. GRESHAM: July 11th.

21 MR. HARVEY: So July 5th?

22 MS. GRESHAM: July 11th.

23 MR. CHRISTMAN: July 11th, September 5th,
24 November --

25 MS. GRESHAM: And November 7th.

1 MR. CHRISTMAN: All right.

2 MR. STEVENSON: So now that we got them, do we

3 need to recite them back?

4 MS. CLARK: I have March the 14th, May the

5 2nd, July the 11th, September the 5th, and

6 November the 7th. Is that what you-all have?

7 MR. STEVENSON: Awesome.

8 MS. CLARK: 10:00?

9 MR. CALLEBS: 10:00 a.m. all times.

10 MS. GRESHAM: Before we go I want to read what

11 I'm going to send to the public comment, just

12 so I can make sure that I got everything.

13 I've got that we need the -- I've got it on

14 record that there's no mechanism for appeal

15 for regulatory citations, except for closures

16 or monetary recoupment. Citations are only

17 addressed in a plan of correction, continues

18 to be an area of concern for providers. Other

19 areas of providers in general, Medicaid base,

20 have access to discussion and appeals prior to

21 citation or writing a plan of correction. The

22 recommendation is to review the regulation and

23 add provisions to appeals to citations or

24 another review prior to writing the plan, or

25 before it goes into moratorium or six-month

1 certification. Providers would like a process
2 to talk with, meet with, or submit to show
3 that a citation was in error before putting a
4 corrective action plan in process, because
5 that notates accepting guilt whether they're
6 guilty or not. Moratorium is either you
7 accept it or you face closure. So that's what
8 I've got for that piece.

9 The comments received from parents,
10 that they've never -- they were never notified
11 of the loss of waiver services until workers
12 weren't paid and there was a delay -- or a
13 delay of payment for a PDS. Loss of waiver
14 may be due to eligibility or it may be to a
15 waiver, but however there was no communication
16 to the family. Only found out by them not
17 being paid.

18 552 issues, no change around care, for
19 whatever reasons issues have all of a sudden
20 come up. We've noted that there may be
21 multiple reasons for that. Nonetheless,
22 there's still an issue with that. Individuals
23 are suffering, as well as providers. Claims
24 are being denied based on eligibility, and it
25 can go months without being fixed. Case

1 manager standards need to be looked at across
2 the board, regulations need to be streamlined.
3 Local DCBS offices, looking at
4 customer service. And then request to have a
5 way to look at the quality of a provider prior
6 to admittance, like a report card.
7 MR. CHRISTMAN: Very good.
8 MR. STEVENSON: You're going to send that --
9 can you copy us?
10 MS. GRESHAM: Yeah.
11 MR. CHRISTMAN: Could you do that, please?
12 Could you also send us --
13 MS. GRESHAM: I'm going to copy Dawn, because
14 I don't have everybody's e-mail right here.
15 MR. CHRISTMAN: Will you just send that out,
16 Dawn?
17 MS. GRESHAM: And she can --
18 MR. CHRISTMAN: That's very good. Thank you.
19 MS. GRESHAM: So what happens with anything
20 that I send to public comment -- I also review
21 the public comment mailbox so that we can
22 track those. Any comment I received that
23 needs to go to public comment, I send it to
24 that mailbox and I have it categorized when I
25 send it to Navigant. So you'll see the

1 Medicaid public comment mailbox.

2 MR. CALLEBS: Maybe I didn't hear, but on the
3 Navigant can you just restate, like, the
4 waiver redesign, the comments? Are they going
5 to get -- do they still have a plan to get,
6 like, consolidate the focus group comments,
7 and if so when?

8 MS. GRESHAM: Yes. So the focus group
9 comments, we received that report. We
10 received it right before we went on Christmas
11 break, and of course all of us were out for
12 Christmas break. So we'll review that and
13 send that report out. We'll send it to our
14 list serves like we always do. We'll send it
15 to our advocacy groups like we always do. And
16 then I'll also send it to the list of
17 individuals who came to the focus groups, or
18 even made a comment to the public mailbox.
19 And that will be just the focus group
20 comments.

21 Then in their recommendations and
22 those kind of things, they will also note that
23 the comments that came into the mailbox. So
24 those are categorized everywhere, but they
25 wanted a report solely from those focus

1 groups. So they'll send that out. If people
2 feel like they were misheard, they can respond
3 back. That's not -- and they won't say such
4 and such person said this, this and this. No.
5 They will give an overarching report of here's
6 what we heard. I think there's probably, just
7 from what we've listened to, 10 or 15
8 recurring things that we heard, and so they'll
9 kind of give us a broad overview, here's PDS
10 workers, for instance, that's one I heard a
11 lot from the focus group. PDS workers -- and
12 we heard from no family member should ever be
13 paid to every family member should be paid
14 every time and they should be handed a check
15 and used how they want. So we heard the gamut
16 and that's why I've encompassed all those
17 into, hey, here's what we heard, and send that
18 out to us, and then we'll send it out to
19 you-all.

20 And then the next step, taking all the
21 stakeholder comments in -- and stakeholders
22 means providers, means families, means
23 advocates. It also means Governor Bevin, it
24 means Unite. It means everybody. Taking all
25 that, putting it in, we'll come up with a plan

1 to say here's what we think waivers should
2 look like. We'll send out that plan as well
3 in that same avenue.

4 Then we'll do the town halls to be
5 able to kind of discuss that, clarify what we
6 mean, give individuals time to say, well, why
7 did you pick that way, and say, here's the --
8 here's why we picked that way. We had 967
9 comments that said individuals needed it this
10 way, and we only had four that said no. And
11 so kind of looking at that, sending it out,
12 getting it ready to go, to get a start of a
13 plan, because it would be very hard to get all
14 900 individuals that we've talked to in a
15 room, and say let's put together a plan. It's
16 a start to say here's what we think, what do
17 you think, to have that conversation back and
18 forth to get that plan underway.

19 MR. CHRISTMAN: I assume you've seen the
20 summary of the stakeholder meetings?

21 MS. GRESHAM: I have not yet.

22 MR. CHRISTMAN: You have not?

23 MS. GRESHAM: No.

24 MR. CHRISTMAN: Do you have any idea how long
25 it is?

1 MS. GRESHAM: I think they told us it would be
2 about ten pages, I think.
3 MR. CHRISTMAN: Okay.
4 MS. GRESHAM: Yeah, so I really -- I haven't
5 gotten to look at it yet.
6 MR. CHRISTMAN: You haven't seen it, really?
7 MS. GRESHAM: Yesterday we had --
8 MR. CHRISTMAN: Well, you put it all together,
9 didn't you? No, but you organized it.
10 MR. CALLEBS: Is there a target date to
11 release it? Like this month or --
12 MS. GRESHAM: It will be this month. It's
13 just right now we're waiting on our upper
14 management team to get together. We're in 15
15 different directions, so getting something on
16 all of our calendars takes more than just a
17 day to do. So we'll get it all on our
18 calendar and we'll review it and send it out,
19 and it won't be very long.
20 MR. CALLEBS: Thank you.
21 MS. GRESHAM: You're welcome.
22 MR. CHRISTMAN: And I guess if the MAC
23 meetings have been scheduled, too, for the
24 year, or are they going to, we'd like to see,
25 too. Can anybody get their mitts on that?

1 MS. WHEELER: Charlotte is the one that's over
2 the MAC thing.
3 MR. CHRISTMAN: Not this one meeting. I'm
4 saying, you know --
5 MS. WHEELER: I think she's --
6 MR. CHRISTMAN: For the rest of the year?
7 MS. WHEELER: I think she would be the one to
8 contact.
9 MR. CHRISTMAN: Charlotte?
10 MS. WHEELER: Yes, Charlotte Hughes. Remember
11 I gave you that --
12 MR. CHRISTMAN: Oh, yeah, right. Okay.
13 Gotcha.
14 MS. BENTLEY: -- her meeting notes. She sent
15 it out and it's all at the bottom. So they're
16 all scheduled. That was the dates I was
17 reading you-all.
18 MR. CHRISTMAN: So it does exist somewhere?
19 MS. BENTLEY: Yeah.
20 MR. STEVENSON: So that's the MAC? Would you
21 mind if we snap a picture?
22 MS. BROTHERS: I'll send it to you.
23 MR. CHRISTMAN: Okay. So have we covered
24 everything?
25 MR. STEVENSON: We just scratched the surface.

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MR. CHRISTMAN: Yes, I have another list here.
Okay. Thank you, everyone.

* * * * *

THEREUPON, the Meeting was concluded at
11:42 a.m.

* * * * *

1
2 STATE OF KENTUCKY)
3 COUNTY OF FAYETTE)
4

5 I, JOLINDA S. TODD, Registered
6 Professional Reporter and Notary Public in and for
7 the State of Kentucky at Large, certify that the
8 facts stated in the caption hereto are true; that
9 at the time and place stated in said caption the
10 witnesses named in the caption hereto personally
11 appeared before me, and that said IDD-TAC Meeting
12 was taken in stenotype by me and later reduced to
13 computer-aided transcription and the foregoing is a
14 true record of the meeting.

15 My commission expires: August 24, 2019.

16 IN TESTIMONY WHEREOF, I have hereunto set
17 my hand and seal of office on this the 6th day of
18 March 2016.

19 JOLINDA S. TODD, RPR, CCR(KY)
20 NOTARY PUBLIC, STATE AT LARGE
21 ID# 449787
22
23
24
25

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